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Bib Data Sheet

CONFIRMATION NO. 1704

<b>SERIAL NUMBER</b> 09/884,901	<b>FILING OR 371(c) DATE</b> 06/18/2001 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1633	<b>ATTORNEY DOCKET NO.</b> 58600-8250
<b>APPLICANTS</b> Carol H. Miao, Seattle, WA; Mark A. Kay, Los Altos Hills, CA; <i>MB</i>				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/212,902 06/20/2000 <i>MB</i>				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 07/27/2001</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>MB</i> Examiner's Signature <i>MB</i> Initials <i>MB</i>		<b>STATE OR COUNTRY</b> WA	<b>SHEETS DRAWING</b> 12	<b>TOTAL CLAIMS</b> 35
			<b>INDEPENDENT CLAIMS</b> 4	
<b>ADDRESS</b> 22918				
<b>TITLE</b> Liver-specific gene expression cassettes, and methods of use				
<b>FILING FEE RECEIVED</b> 612	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	